

2822
JAW

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PATENT
Attorney Docket No.: 000939-045100US

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On September 1, 2004

TOWNSEND and TOWNSEND and CREW LLP

By: 

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Hsingya Arthur Wang

Application No.: 09/777,007

Filed: February 2, 2001

For: SOURCE SIDE PROGRAMMING

Customer No.: 20350

Confirmation No. 5469

Examiner: Kiesha L. Rose

Technology Center/Art Unit: 2822

AMENDMENT

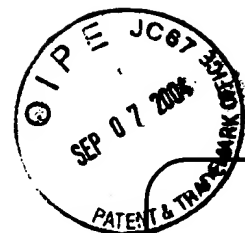
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed June 1, 2004, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/777,007	
	Filing Date	February 2, 2001
	First Named Inventor	Wang, Hsingya Arthur
	Art Unit	2822
	Examiner Name	Kiesha L. Rose
Attorney Docket Number	000939-045100US	
Total Number of Pages in This Submission	10	

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP
Signature	Steve Y. Cho
Date	9/1/04

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Andrea S. Beck		
Signature		Date	9/1/04